

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

ADDRESS (number and street)

**211 S. Fifth Street**☐(Check if address  
is changed)**Columbus****OH****43215**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**tlmgwm@aol.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**6142281093**

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

3. FEC IDENTIFICATION NUMBER

**C C00162339**

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Ms. Sara Brown**

Signature of Treasurer

Electronically Filed by **Ms. Sara Brown**

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 12/2007)

## 5. TYPE OF COMMITTEE (Check One)

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☒ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

## Committees Participating in Joint Fundraiser

1.	<b>MCCAIN VICTORY OHIO (MVO)</b>	FEC ID number	<b>C</b> <b>C00448860</b>
2.	<b>MAJORITY FUND 2008</b>	FEC ID number	<b>C</b> <b>C00451443</b>
3.		FEC ID number	<b>C</b>
4.		FEC ID number	<b>C</b>
5.		FEC ID number	<b>C</b>

Write or Type Committee Name

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE****6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative****MCCAIN VICTORY OHIO (MVO)**

Mailing Address

**228 S WASHINGTON ST STE 115****ALEXANDRIA****VA****22314**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

**7. Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

**Ms. Lisa Lisker**

Mailing Address

**228 S. Washington Street****Suite 115****Alexandria****VA****22314**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**

Telephone number

Full Name of  
Designated  
Agent

**Ms. Lisa Lisker**

Mailing Address

**228 S. Washington Street**

**Suite 115**

**Alexandria**

**VA**

**22314** -

Title or Position ▼

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**Treasurer**

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Chain Bridge Bank**

Mailing Address

**McLean**

**VA**

**22101** -

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

MAJORITY FUND 2008

Mailing Address

228 S WASHINGTON ST STE 115

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

[ ADDITIONAL ]

**Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

[ ADDITIONAL ]

**Joint Fundraiser Participant**

FEC ID number

C